

County: Door

Facility ID: 8640

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SCANDIA VILLAGE GOOD SAMARITAN

290 SMITH DRIVE

SISTER BAY 54234 Phone: (920) 854-2317

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 60

Total Licensed Bed Capacity (12/31/03): 60

Number of Residents on 12/31/03: 59

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

Yes

Yes

Yes

59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.1
Supp. Home Care-Personal Care	No					1 - 4 Years		40.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		20.3
Day Services	No	Mental Illness (Org./Psy)	54.2	65 - 74	6.8			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30.5			88.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	10.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	13.6		-----	RNs		13.3
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		3.1
Other Services	Yes	Respiratory	3.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.6	Male	13.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	86.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	6	100.0	234	25	89.3	114	0	0.0	0	23	92.0	145	0	0.0	0	0	0.0	54	91.5
Intermediate	---	---	---	3	10.7	95	0	0.0	0	2	8.0	141	0	0.0	0	0	0.0	5	8.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		28	100.0		0	0.0		25	100.0		0	0.0		0	0.0	59	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.2	Bathing	0.0	93.2	6.8	59
Other Nursing Homes	21.7	Dressing	8.5	89.8	1.7	59
Acute Care Hospitals	52.2	Transferring	20.3	76.3	3.4	59
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	11.9	81.4	6.8	59
Rehabilitation Hospitals	0.0	Eating	61.0	33.9	5.1	59
Other Locations	15.2	*****				
Total Number of Admissions	46	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.1		Receiving Respiratory Care	10.2
Private Home/No Home Health	21.3	Occ/Freq. Incontinent of Bladder	69.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	8.5	Occ/Freq. Incontinent of Bowel	20.3		Receiving Suctioning	0.0
Other Nursing Homes	2.1				Receiving Ostomy Care	3.4
Acute Care Hospitals	12.8	Mobility			Receiving Tube Feeding	3.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.7		Receiving Mechanically Altered Diets	32.2
Rehabilitation Hospitals	0.0					
Other Locations	8.5	Skin Care			Other Resident Characteristics	
Deaths	46.8	With Pressure Sores	6.8		Have Advance Directives	91.5
Total Number of Discharges		With Rashes	5.1		Medications	
(Including Deaths)	47				Receiving Psychoactive Drugs	62.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 50-99 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	86.2	1.14	83.7	1.17	84.0	1.17	87.4	1.12
Current Residents from In-County	91.5	78.8	1.16	72.8	1.26	76.2	1.20	76.7	1.19
Admissions from In-County, Still Residing	43.5	24.5	1.77	22.7	1.92	22.2	1.96	19.6	2.21
Admissions/Average Daily Census	78.0	110.9	0.70	113.6	0.69	122.3	0.64	141.3	0.55
Discharges/Average Daily Census	79.7	116.1	0.69	115.9	0.69	124.3	0.64	142.5	0.56
Discharges To Private Residence/Average Daily Census	23.7	44.0	0.54	48.0	0.49	53.4	0.44	61.6	0.39
Residents Receiving Skilled Care	91.5	94.4	0.97	94.7	0.97	94.8	0.97	88.1	1.04
Residents Aged 65 and Older	100	96.1	1.04	93.1	1.07	93.5	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	47.5	68.3	0.69	67.2	0.71	69.5	0.68	65.9	0.72
Private Pay Funded Residents	42.4	22.4	1.89	21.5	1.97	19.4	2.18	21.0	2.02
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	54.2	36.9	1.47	39.1	1.39	36.5	1.49	33.6	1.61
General Medical Service Residents	18.6	17.2	1.08	17.2	1.08	18.8	0.99	20.6	0.91
Impaired ADL (Mean)	42.7	48.1	0.89	46.1	0.93	46.9	0.91	49.4	0.86
Psychological Problems	62.7	57.5	1.09	58.7	1.07	58.4	1.07	57.4	1.09
Nursing Care Required (Mean)	7.6	6.8	1.12	6.7	1.14	7.2	1.07	7.3	1.04